

## Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	DI /01/17 Ending Date: 10/20/17 CITY CLE
Type of Report: (Check one)	
☐ 8th day preceding preliminary	a 30 day after election year-end report dissolution
Candidate Full Name (if applicable)  Amesbury City Council - Durnier 4  Office Sought and District  33 Adam Court Amesbury, MA 01913  Residential Address  E-mail: nwheeler 978 @ gmal.com  Phone # (optional):	Committee Name  Name of Committee Treasurer  Committee Mailing Address  E-mail:  Phone # (optional):
SHMMADV BALAN	NCE INFORMATION:
	THE INFORMATION.
Line 1: Ending Balance from previous report	NA
Line 2: Total receipts this period (page 3, line	11)
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5,	, line 14)
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period	(page 6)
Line 7: Total (all) outstanding liabilities (page	:7)
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the activity, including all contributions, loans, receipts, expenditures, disbursements, in-k finance activity of all persons acting under the authority or on behalf of this committee.  Signed under the penalties of perjury:	e best of my knowledge and belief, a true and complete statement of all campaign finance kind contributions and liabilities for this reporting period and represents the campaign tee in accordance with the requirements of M.G.L. c. 55.
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check	( 1 box only)
	to the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, orting period.
	to the best of my knowledge and belief, a true and complete statement of all campaign ments, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 10/30/17

## SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
Line 9: Total Recei	pts over \$50 (or listed above)			
	ripts \$50 and under* (not listed above)	0		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	8	← Enter on page 1, line 2	

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		][		
		Line 12: Expenditures over	\$50 (or listed above)	0
		Line 13: Expenditures \$50 ar	nd under* (not listed above)	Ø
	Enter on page 1, line 4 -		ITURES IN THE PERIOD  3 should include only those expendity	0

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## **SCHEDULE D: LIABILITIES**

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
			·	
				,
		Name of the state		
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	B